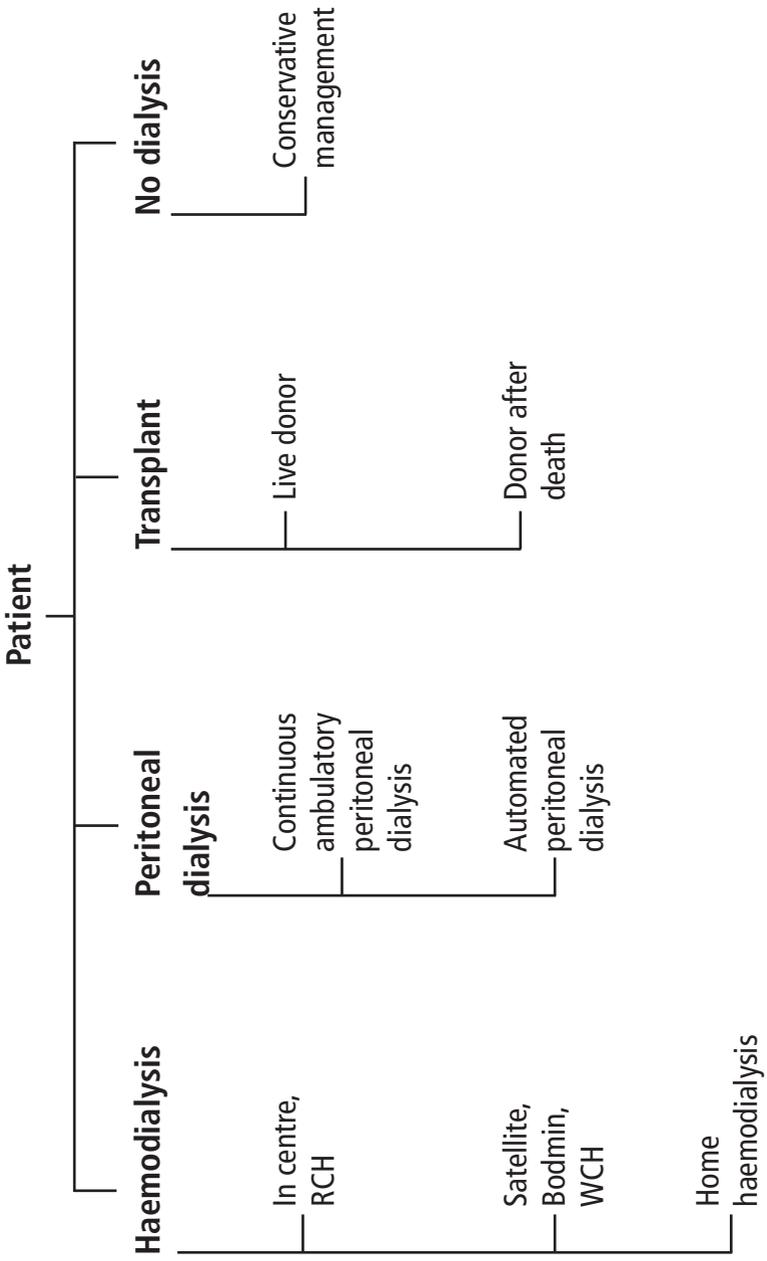


# Kidney Care in Cornwall

Treatment options in  
advanced kidney disease



# Pre-dialysis patient options



## **Treatment options**

### **Haemodialysis treatment**

Haemodialysis means dialysis via the blood. (Haemo means blood and dialysis means cleaning the blood). Haemodialysis is where a person is connected to a dialysis machine and their blood is taken from their body, goes into the machine where it is cleaned, and then returns to the body. This is usually carried out in a special type of outpatient clinic in the hospital. A dialysis 'session' lasts four hours. Usually three sessions of haemodialysis a week are needed.

There is a dialysis unit in the Royal Cornwall Hospital, Truro and satellite dialysis units in West Cornwall Hospital, Penzance and Bodmin Dialysis Unit, Bodmin. Help with transport for regular dialysis is available.

Half a pint of blood a minute needs to be cleaned in the haemodialysis machine. For this to happen it is necessary to have an operation to create what is known as 'access' for dialysis. Ideally this is a fistula in your arm. However, dialysis is sometimes started by inserting a tube in your neck.

### **Home haemodialysis**

Some people on dialysis learn with their partners how to do dialysis at home. It takes different people different lengths of time to learn. A dialysis machine is installed in the person's house and changes made to the water supply. The NHS can help with organising and covering the costs of home haemodialysis.

### **Satellite haemodialysis**

Satellite units are located within the local hospitals providing haemodialysis closer to home. Your kidney doctors will be responsible for your dialysis prescription and oversee your care with regular clinics and reviews. Day-to-day dialysis management is provided by a team of nurses.

## **West Cornwall Renal Unit**

The Aubrey Williams Renal Unit is located within the West Cornwall Hospital situated on the outskirts of Penzance town centre. This is a ten station unit currently providing dialysis six days a week.

Aubrey Williams Renal Unit  
West Cornwall Hospital  
St Clare Street  
Penzance  
Cornwall  
TR18 2PF  
01736 874257

## **Bodmin Renal Unit**

Bodmin Renal Unit is a 14 station nurse led dialysis unit open six days a week from 06.00hrs - 18.30hrs.

The Royal Cornwall Hospitals Trust kidney team provide and review patient's dialysis treatment. The Bodmin unit itself is currently privately managed. There are exceptional views overlooking the surrounding countryside.

Bodmin Dialysis Unit  
St Lawrences Hospital  
Boundary Road  
Bodmin  
Cornwall  
PL31 2QT  
01208 834292

## **Peritoneal dialysis**

The peritoneum is a thin natural membrane that lines the abdominal cavity and covers the abdominal organs such as the stomach, liver and bowels. The peritoneal membrane is semi permeable and acts as a filter allowing water and waste products to pass through the blood vessels in the peritoneum - this enables dialysis to occur. The peritoneal cavity acts as a reservoir for dialysis fluid and accommodates large volumes (up to five litres).

## How does peritoneal dialysis happen?

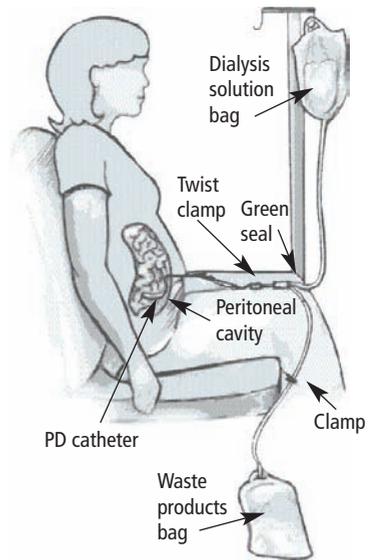
A small soft tube, known as a catheter is surgically placed through the abdominal wall (tummy) into the peritoneal cavity. This procedure is usually done as a day case. The catheter will be cared for by your dialysis nurse until it has healed and you are taught how to clean and care for the catheter yourself. The catheter can be used straight after insertion but it is usual to wait 4-6 weeks.

## Continuous ambulatory peritoneal dialysis (CAPD)

You may also hear it referred to as PD. This type of dialysis happens seven days a week and involves four exchanges per day without the use of a machine.

## Automated peritoneal dialysis (APD)

This type of dialysis happens seven days a week and you will connect to a machine for approximately 8-10 hours each night. The exchanges of dialysis solution are performed by a machine while you sleep. The machine is the size of a small suitcase and fits on a bedside table. This treatment may not be suitable for everyone, as it can be noisy and may alarm during the night.



## Training and follow up

Patients preparing for peritoneal dialysis receive one to one training to give them the skills they need to perform their dialysis treatment. The training usually happens at home and can take between three days to a few weeks.

APD will be carried out in the bedroom overnight. However practically any room at home is suitable for CAPD. You will need a small table or chest of drawers for the dialysis equipment and a chair to sit on. Supplies are delivered to your house each month and if you wish to travel they can be sent directly to most destinations. You will need some space to store the dialysis solution boxes (an area about the size of a single bed), plus extra space for ancillary products.

## Holidays on dialysis

**Haemodialysis** - There are many haemodialysis centres throughout the world that provide holiday dialysis. Within the European Union countries some offer free dialysis if you have obtained a European Health Insurance Card (EHIC).



To ensure all renal units comply with the highest standards of infection control, there are certain procedures and blood tests required before you can go to another renal unit. You will need to give as much notice as possible to the holiday coordinator at your parent unit.

**CAPD** - This type of dialysis can be carried out more easily when on holiday. If you wish to holiday for more than one week, it is possible for the dialysis company to deliver the fluid to your holiday destination, whether in the UK or abroad. However, this needs to be organised so a minimum of six weeks notice is required. Specific and in depth information and advice can be obtained from your home therapy team.

Some airlines do not make allowances for the extra weight of the dialysis machine and this can increase the cost of the holiday. However, many airports do provide specific private areas for treatment whilst in transit, and assist with transporting patients and luggage to the aircraft if they have advanced notice.

## Insurance

For your protection and peace of mind, it is essential you obtain insurance if you go on holiday. You are strongly advised to disclose all medical conditions you suffer from to ensure the correct level of cover is obtained. This may increase the cost of the policy.

## **Kidney transplantation**

Transplantation is the best type of treatment for patients with chronic kidney disease.

### **Who can have a transplant?**

Around half the patients with established renal failure are on the transplant waiting list. Each person has to be assessed to decide if transplantation would be a good treatment for them.



### **How do I get on the transplant waiting list?**

Your consultant will arrange a number of tests to assess the safety of transplantation for you. You will meet the transplant nurse who will discuss kidney transplantation in detail. This will give you the opportunity to ask any questions you have. A blood test will show your blood group and tissue type; this will ensure that the donated kidney is given to the person who matches it best.

### **How long will I wait for a transplant?**

The average waiting time is approximately two years. However some people may only have to wait a short time but most will wait much longer and it could take several years.

### **What are the complications?**

Complications can arise from the operation or from the drugs that you will need to take. Transplants are not always successful. Nine out of 10 are still functioning after one year. Five out of 10 are still working after 10 years. This is only a brief account of transplantation. You will be given much more information from your doctor and transplant nurse before you are entered onto the kidney transplant waiting list.

Helpful contact: Transplant Clinical Nurse Specialist 01872 252292

Transplant:

NHS Blood and Transplant

500 North Bristol Park

Filton

Bristol

BS34 7QH

0300 1232323

[www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk)

National Kidney Federation

The Point

Coach Rd

Shireoaks

Worksop

Notts

S81 8BW

0800 1690936

[www.kidney.org.uk](http://www.kidney.org.uk)

## **Hepatitis B**

### **What is Hepatitis B?**

Hepatitis B is a viral disease spread through bodily fluids such as blood. A person who is dependent on dialysis may be exposed to blood and bodily fluids during their treatment and therefore is at risk of exposure to hepatitis B.

### **What can protect me from Hepatitis B?**

To ensure that patients get the best protection against hepatitis B, the Department of Health recommends that all patients with chronic kidney disease should be vaccinated against hepatitis B.

### **How is the Hepatitis B vaccine given?**

A course of three injections into the upper arm is administered over a period of three months. The vaccine can only be effective if you have all three injections. Your antibody level will be measured 8-12 weeks after completing the course of injections. You will be advised if you need further doses of the vaccine.

### **Are there any side effects to the vaccine?**

The most common side effects are tenderness, redness and swelling at the site of injection. These will last a few days at most.

Helpful contact: Chronic Kidney Disease Nurse Specialist 01872 252065

## **Conservative management**

### **What is conservative management?**

For many people with advanced kidney failure, dialysis treatment can greatly improve the quality of their lives. However, the treatment is demanding, time-consuming and it is necessary to make lasting changes to lifestyle. The treatment only partly replaces some functions of the kidney and does not benefit other health problems, in fact it may make some problems worse.

In such situations, it is important for all concerned to have a clear view of the likely advantages and disadvantages of dialysis treatment for each individual patient. Age in itself, should not be a factor, either for or against dialysis.

Those who find dialysis particularly difficult usually have other serious illnesses as well as kidney disease. Heart and lung disease are common examples.

Dialysis, especially haemodialysis can be stressful and exhausting. Most of the three dialysis days per week are spent travelling to and from dialysis, receiving the treatment, and recovering from it. Any ill-health burden, not connected to the kidneys, will remain or sometimes increase when dialysis is started.

Conservative management is treating and controlling the symptoms of established renal failure without using dialysis or transplantation. It provides medical, nursing, psychological and practical care for the patient and their carers.

The role of the team includes providing information, education and support to patients and their families. The team is readily available for help and advice.

## Useful contacts

Dr S Dickinson (via Secretary)	01872 253241
Dr P Johnston (via Secretary)	01872 253264
Dr R Parry (via Secretary)	01872 253241
Dr J Stratton (via Secretary)	01872 252734
Dr Giorgio Gentile (via Secretary)	01872 253264
Sharon Benton, Lead Nurse in Renal Anaemia	01872 253499
Susan Kennedy and Stuart Gerty, Specialist Renal Dietitians (via switchboard)	01872 252409 01872 250000
Susan Durkin and Emma Trebilcock, Chronic Kidney Disease CNS	01872 252065
Andrea Sullivan and Abigayle Omlo, Home Therapy CNS	01872 252863
Sam Abbott, Specialist Practitioner (Practical Support for you and your family)	01872 252081
Emma Johns and Rachel Main Transplant Specialist Nurses	01872 252292

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

